PTO/SB/06 (08-03)
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	INI MPPE		ON FEE DE stitute for Form		ON RECORD)	Appli	plays a valid OM cation or Docket	B confroi num Number 516
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY							OR	ОТН	ER THAN L ENTITY
FOR NUMBER F		MBER FILE	R FILED NUMBER EXTRA		RATE	FEE]	RATE	FEE
(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c)) (37 CFR 1.16(c))			- 1		┧	\$	OR		15690
INDEPENDENT CLAIMS) minus		9	X \$=		OR	X \$=	
(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESE		3 minus 3 =			X \$=		OR	x \$=	1
	+5_=		OR	+5=					
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	L	OR	TOTAL	690
/1		NENDE	D - PART II	•					
CLAIMS (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHE	RTHAN	
Z A	REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ENTITY ADDI- TIONAL
Fotal (17 CFR 1.15(c))	17	Minus	21) - (X \$ =	FEE	1		FEE
/ Independent • (37 CFR 1,16(b))	3	Minus	3	1	x s =		OR	X	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	X \$=	
					TOTAL		OR	+s =	
-24-04	Column 1)		(Column 2)	(Column 3)	ADD'L FEE		OR	ADD'L FEE	
R AA	CLAIMS EMAINING AFTER IENPMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI-
Total (IF CFR 1.15(c))	11	Minus	" 2A	12		FEE			FEE
Independent (37 CFR 1,16(b))	3	Minus	3	1 75	X 8		OR	X \$=	
AFTER AMENDMENT PREVIOUSLY EXTRA Total Lif CPR 1.18(a) 1 Minus 3 6 Independent (37 CPR 1.18(b)) 3 Minus 3 5 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					X \$=		OR	X \$=	
					+s =		0R	TOTAL	
IC.	olumn 1)				ADD'L FEE		OR	ADD'L FEE	
	LAIMS MAINING		(Column 2) HIGHEST	(Column 3)			г		
	AFTER ENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD1- TIONAL
(37 CFR 1.16(c))	10	Minus	"/7	0	x \$=		OR	X 1 =	FEE
(37 CFR 1.16(b))	2	Minus	_ 3	۵'	x s=		- 1	x s =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =				
If the entry in column If the "Highest Numbe	I is less than t	lhe entry i	n column 2, write	"0" in column 3.	TOTAL ADD'L FEE		ب	TOTAL ADD'L FEE	
If the "Highest Number If the "Highest Number The "Highest Number illection of information	Proviously P	and For II	N THIS SPACE IS	s less than 20, en	er "20". "3".				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is astimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.